

USPTO MAIL CENTER

JUN 23 2005

EXPRESS MAIL LABEL DATE IN

DELIVERED  
JUN 24 2005



\*E V 4 5 2 7 7 5 5 3 2 U S \*

Addressee Copy  
Label 11-F June 2002



UNITED STATES POSTAL SERVICE® Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery			Delivery Attempt	Time	Employee Signature	
	<input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/> Flat Rate Envelope	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Date In	Postage			Delivery Attempt	Time	Employee Signature	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Time In	Military	Return Receipt Fee		Delivery Date	Time	Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
No Delivery. lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday				Customer Signature			

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No.	
Federal Agency Acct. No. or Postal Service Acct. No.	

FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)	
JAMES DAY 224 R T ST PALESTINE NEW YORK		COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22304-1450	
PHONE	PHONE	PHONE	PHONE
212 425 3707			

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